

Responsibility of Supplement Use Form

I, the Athlete, have met with the WAIS Dietitian and acknowledge the advice provided to me regarding the risks associated with continuing to use the supplement specified below.

SUPPLEMENT DETAILS

Brand/Manufacturer: _____

Supplement Product Name: _____

Category of Supplement (as per the AIS Supplement Classification Framework):

- Group A Supplement
- Group B Supplement
- Group C Supplement
- Group D Supplement

PLEASE SELECT YOUR INTENTION BELOW

- I will keep using this supplement.
- I will immediately cease using this supplement.

I understand that it is my personal responsibility to make appropriate decisions regarding supplement use.

ATHLETE

Name: _____

Signed: _____

Date: _____

DIETITIAN / CMO (circle)

Name: _____

Signed: _____

Date: _____